

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041413

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 48

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Dunk Lp | | c. CITY OR TOWN MARSHFIELD | |
| Length of stay in lb 8 MO | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION WEBSTER CO REST HOME | | d. STREET ADDRESS (If outside, give location) CLAY LANE. MARSHFIELD | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ELIZABETH Middle HANE Last LANE | | 4. DATE OF DEATH Month OCT Day 11 Year 1962 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-26-1978 |
| 9. AGE (last birthday) 84 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A | |
| 13a. FATHER'S NAME MONROE CRAFTON | | 13b. MOTHER'S MAIDEN NAME JANE BINGAMAN | |
| 14. NAME OF HUSBAND OR WIFE CLAY LANE. MARSHFIELD | | Address | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT CLAY LANE. MARSHFIELD | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 4:45 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | Month, Day, Year 11/1/62 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 11/1/62 to 10/11/62 and last saw her alive on 10/11/62 Death occurred at 4:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 10/18/62 | |
| 22a. SIGNATURE [Signature] (Degree or title) | | 22b. ADDRESS Marshallfield, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 10-15-1962 | 23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD | 23d. LOCATION (City, town, or county) MARSHFIELD MO |
| 24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD | | 25. DATE REC'D. BY LOCAL REG. 10-22-62 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Stapp

Licensed Embalmer No.

3166

P. O. Address

W. H. Lane, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.